

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034563

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2365 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

14000

2 21

3

4 2

5 1

6

7 0

8 2

9 019.2

10

11

12 41-0

13

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

<b>FILED</b> a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Koch</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY c. CITY OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If outside, give location) <b>4224 E. Aldine</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Perkins</b> Last 5. SEX <b>Male</b> 6. COLOR OR RACE <b>Negro</b> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <b>4-9-1900</b> 9. AGE (last birthday) <b>63</b>		4. DATE OF DEATH <b>July 22, 1963</b> Month Day Year 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b> 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) <b>Missouri</b> 12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Elmer Perkins</b> 13b. MOTHER'S MAIDEN NAME <b>Nani Ransom</b> 14. NAME OF HUSBAND OR WIFE <b>Susie -</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of ) NO. 17. INFORMANT Address <b>Records of Robt. Koch Hosp. - Koch, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Miliary tuberculosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>019.2</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>7-22-63</b> to <b>7-22-63</b> and last saw <input checked="" type="checkbox"/> him alive on <b>7-22-63</b> Death occurred at <b>2:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Bernard Friedman M.D.</b> 22b. ADDRESS <b>Robt. Koch Hosp. - Koch, Mo.</b> 22c. DATE SIGNED <b>7-23-63</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b> 23b. DATE <b>7/27/63</b> 23c. LOCATION (City, town, or county) (State) <b>E. St. Louis, County, Mo</b>	
24. FUNERAL DIRECTOR <b>R. M. C.</b> ADDRESS <b>Green Funeral Home, 4060 Washington</b> 25. DATE RECD. BY LOCAL REG. <b>7-26-63</b> 26. REGISTRAR'S SIGNATURE <b>John M. Murphy M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Melvin E. Green*

Licensed Embalmer No. 4428

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Book No. \_\_\_\_\_

Island \_\_\_\_\_